OCS PLAN INFORMATION FORM

(USE SEPARATE FORM FOR EACH LEASE)

EXPLORATION PLAN	DE	DEVELOPMENT OPERATIONS COORDINATION I			TION DOCUMEN	T	DEVELOPMENT & PRODUCTION PLAN		
OPERATOR:				ADDRESS:					
MMS OPERATOR NO.:									
CONTACT PERSON:					PHONE NO.				
PROPOSED START DATE:			RIG TYPE: JU SS PF I		DS OTHER	DISTANCE TO CLOSEST LAND (IN MILES):			
NEW OR UNUSUAL TECHNOLOGY YES			NO	ONSHORE SUPPORT BASE(S):					
NARRATIVE DESCRIPTION OF PROPOSED ACTIVITIES:									
PROJECT NAME, IF APPLICABLE:									

PROPOSED WELL/STRUCTURE LOCATIONS

WELL/ STRUCTURE NAME	SURFACE LOC	CATION	BOTTOM-HOLE LOCATION (FOR WELLS)				
Platform or Well Name:	CALLS: F _ L and LEASE OCS, BLOCK X: Y:	AREA,	LEASE OCS BLOCK X:	F_L and	AREA,		
	LAT:	MD (IN FEET):		WATER DEPTH (IN FEI	ET):		
Platform or Well Name:	CALLS: F _ L and LEASE OCS, BLOCK	AREA,	LEASE OCS BLOCK X:	F_L and			
	Y: LAT: LONG: TVD(IN FEET):	MD (IN FEET):	Y: LAT: LONG: WATER DEPTH (IN FEET):				
Platform or Well	CALLS: F _ L and LEASE OCS, BLOCK	AREA,	LEASE OCS BLOCK	F_L and	F L OF AREA,		
Name:	X: Y: LAT: LONG:		Y:				
	TVD(IN FEET):	MD (IN FEET):	WATER DEPTH (IN FEET):				
Platform or Well	CALLS:F_L and LEASE OCS, BLOCK		LEASE OCS	F_L and			
Name:	X: Y:		X: Y:				
	LAT: LONG:		LAT: LONG:				
	TVD(IN FEET):	MD (IN FEET):	N FEET):		WATER DEPTH (IN FEET):		

Form MMS-137 (January 2000)

Page 1 of 2

collects this information as part of an applicant's Exploration Plan or Development Operations Coordination Document submitted for MMS approval. We use the information to facilitate our review and data entry for OCS plans. We will protect proprietary data according to the Freedom of Information Act and 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget Control Number. The use of this form is voluntary. The public reporting burden for this form is included in the burden for preparing Exploration Plans and Development Operations Coordination Documents. We estimate that burden to average 580 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.